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3-6-03  
R. Hilliard

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Clayton Wishoff

Serial No.: 09/905,086

Filed: July 13, 2001

For: NOTIFICATION DEVICE FOR A GRAPHICAL  
USER ENVIRONMENT

Group Art Unit: <sup>2173</sup>~~2673~~  
Examiner: <sup>John Cabera</sup>~~TBA~~

Atty. Docket: 006187.00044

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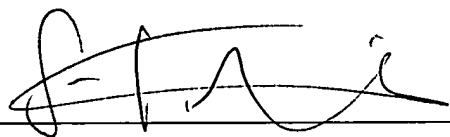
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On behalf of the assignee, I hereby revoke any and all previous powers of attorney and hereby appoint, both jointly and severally, as my representatives with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith and to receive the Letters Patent, the practitioners at Customer Number 22907.

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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/905,086	
	<b>Filing Date</b>	July 13, 2001	
	<b>First Named Inventor</b>	Clayton Wishoff	
	<b>Group Art Unit</b>	2173	
	<b>Examiner Name</b>	TBA	
<b>Total Number of Pages in This Submission</b>	2	<b>Attorney Docket Number</b>	006187.00044

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
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